



QUARTERLY STATEMENT

As of June 30, 2011
of the Condition and Affairs of the

Provident American Life and Health Insurance
Company

NAIC Group Code.....0084, 0084
(Current Period) (Prior Period)

NAIC Company Code..... 67903

Employer's ID Number..... 23-1335885

Organized under the Laws of Ohio

State of Domicile or Port of Entry Ohio

Country of Domicile US

Incorporated/Organized..... April 6, 1949

Commenced Business..... September 30, 1949

Statutory Home Office

301 East Fourth Street..... Cincinnati OH 45202
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office

11200 Lakeline Blvd Ste 100..... Austin TX 78717
(Street and Number) (City or Town, State and Zip Code)

512-451-2224
(Area Code) (Telephone Number)

Mail Address

11200 Lakeline Blvd Ste 100..... Austin TX 78717
(Street and Number or P. O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records

11200 Lakeline Blvd Ste 100..... Austin TX 78717
(Street and Number) (City or Town, State and Zip Code)

512-451-2224
(Area Code) (Telephone Number)

Internet Web Site Address

www.palhic.com

Statutory Statement Contact

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OFFICERS

Name	Title	Name	Title
1. Bradley Allen Wolfram #	President	2. Byron Keith Buescher	Treasurer
3. Brenda Weigilia Hardison	Secretary	4. James Monroe Garvin, III	Appointed Actuary

OTHER

Thomas Edward Mischell	Assistant Treasurer	Paul Adolph Severt	Chief Financial Officer
Tracy Eugene Maples	Chief Actuary	Mark Francis Muething	Assistant Secretary
Christopher Patrick Miliano	Assistant Treasurer		

DIRECTORS OR TRUSTEES

Bradley Allen Wolfram #	Christopher Patrick Miliano	Mark Frances Muething	Michael James Prager
Paul Adolph Severt #			

State of..... Texas
County of..... Williamson

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Bradley Allen Wolfram	Byron Keith Buescher	Brenda Weigilia Hardison
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Treasurer	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me

a. Is this an original filing? Yes [X] No []

This 12 day of August, 2011

b. If no: 1. State the amendment number

2. Date filed

3. Number of pages attached

ASSETS

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1. Bonds.....	7,233,091		7,233,091	7,452,177
2. Stocks:				
2.1 Preferred stocks.....			.0	
2.2 Common stocks.....	3,126,390		3,126,390	3,125,372
3. Mortgage loans on real estate:				
3.1 First liens.....			.0	
3.2 Other than first liens.....			.0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			.0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			.0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			.0	
5. Cash (\$....(360,212)), cash equivalents (\$.....0) and short-term investments (\$....6,795,680).....	6,435,468		6,435,468	5,667,757
6. Contract loans (including \$.....0 premium notes).....	3,358		3,358	2,662
7. Derivatives.....			.0	
8. Other invested assets.....			.0	
9. Receivables for securities.....			.0	
10. Securities lending reinvested collateral assets.....			.0	
11. Aggregate write-ins for invested assets.....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	16,798,307	.0	16,798,307	16,247,968
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	77,192		77,192	78,209
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	(534,133)	1,694	(535,827)	(582,413)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	374,473		374,473	376,651
15.3 Accrued retrospective premiums.....			.0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	443,679		443,679	526,851
16.2 Funds held by or deposited with reinsured companies.....			.0	
16.3 Other amounts receivable under reinsurance contracts.....	128,627		128,627	163,786
17. Amounts receivable relating to uninsured plans.....			.0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			.0	
18.2 Net deferred tax asset.....	3,729,000	2,464,000	1,265,000	1,462,000
19. Guaranty funds receivable or on deposit.....	33,183		33,183	39,861
20. Electronic data processing equipment and software.....			.0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			.0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0	
23. Receivables from parent, subsidiaries and affiliates.....	10,888		10,888	2,742
24. Health care (\$.....0) and other amounts receivable.....	19,634	19,634	.0	
25. Aggregate write-ins for other than invested assets.....	79,083	79,083	(0)	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	21,159,933	2,564,411	18,595,522	18,315,655
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. Total (Lines 26 and 27).....	21,159,933	2,564,411	18,595,522	18,315,655

DETAILS OF WRITE-INS

1101.			.0	
1102.			.0	
1103.			.0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	.0	.0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.0	.0	.0	.0
2501. Other Receivables and Prepays.....	79,083	79,083	(0)	
2502.			.0	
2503.			.0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	79,083	79,083	(0)	.0

Provident American Life and Health Insurance Company
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Aggregate reserve for life contracts \$.....1,682,078 less \$.....0 included in Line 6.3 (including \$.....0 Modco Reserve).....	1,682,078	1,507,341
2. Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve).....	1,235,985	1,389,638
3. Liability for deposit-type contracts (including \$.....0 Modco Reserve).....		
4. Contract claims:		
4.1 Life.....	52,698	81,500
4.2 Accident and health.....	1,671,256	1,797,011
5. Policyholders' dividends \$.....0 and coupons \$.....0 due and unpaid.....		
6. Provision for policyholders' dividends and coupons payable in following calendar year - estimated amounts:		
6.1 Dividends apportioned for payment (including \$.....0 Modco).....		
6.2 Dividends not yet apportioned (including \$.....0 Modco).....		
6.3 Coupons and similar benefits (including \$.....0 Modco).....		
7. Amount provisionally held for deferred dividend policies not included in Line 6.....		
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....165,842 accident and health premiums.....	165,842	211,364
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts.....		
9.2 Provision for experience rating refunds, including \$.....0 accident and health experience rating refunds.....		
9.3 Other amounts payable on reinsurance, including \$.....0 assumed and \$.....0 ceded.....		
9.4 Interest Maintenance Reserve.....	120	194
10. Commissions to agents due or accrued - life and annuity contracts \$.....0, accident and health \$.....0 and deposit-type contract funds \$.....0.....	217,443	156,482
11. Commissions and expense allowances payable on reinsurance assumed.....		
12. General expenses due or accrued.....	57,325	55,747
13. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves, net of reinsured allowances).....		
14. Taxes, licenses and fees due or accrued, excluding federal income taxes.....	105,292	105,837
15.1 Current federal and foreign income taxes, including \$.....0 on realized capital gains (losses).....	76,969	94,640
15.2 Net deferred tax liability.....		
16. Unearned investment income.....	124	98
17. Amounts withheld or retained by company as agent or trustee.....		
18. Amounts held for agents' account, including \$.....0 agents' credit balances.....		
19. Remittances and items not allocated.....	23,480	54,301
20. Net adjustment in assets and liabilities due to foreign exchange rates.....		
21. Liability for benefits for employees and agents if not included above.....		
22. Borrowed money \$.....0 and interest thereon \$.....0.....		
23. Dividends to stockholders declared and unpaid.....		
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve.....	10,153	15,791
24.02 Reinsurance in unauthorized companies.....		
24.03 Funds held under reinsurance treaties with unauthorized reinsurers.....		
24.04 Payable to parent, subsidiaries and affiliates.....	9,691	24,104
24.05 Drafts outstanding.....		
24.06 Liability for amounts held under uninsured plans.....		
24.07 Funds held under coinsurance.....		
24.08 Derivatives.....		
24.09 Payable for securities.....		
24.10 Payable for securities lending.....		
24.11 Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	88,080	70,556
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25).....	5,396,536	5,564,604
27. From Separate Accounts statement.....		
28. Total liabilities (Lines 26 and 27).....	5,396,536	5,564,604
29. Common capital stock.....	2,500,000	2,500,000
30. Preferred capital stock.....		
31. Aggregate write-ins for other than special surplus funds.....	0	0
32. Surplus notes.....		
33. Gross paid in and contributed surplus.....	27,346,312	27,346,312
34. Aggregate write-ins for special surplus funds.....	799,000	912,000
35. Unassigned funds (surplus).....	(17,446,326)	(18,007,261)
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 29 \$.....0).....		
36.2 .....0.000 shares preferred (value included in Line 30 \$.....0).....		
37. Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$.....0 in Separate Accounts Statement).....	10,698,986	10,251,051
38. Totals of Lines 29, 30 and 37.....	13,198,986	12,751,051
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3).....	18,595,522	18,315,655
DETAILS OF WRITE-INS		
2501. Escheat Liability.....	88,080	70,556
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	88,080	70,556
3101.		
3102.		
3103.		
3198. Summary of remaining write-ins for Line 31 from overflow page.....	0	0
3199. Totals (Lines 3101 thru 3103 plus 3198) (Line 31 above).....	0	0
3401. SSAP 10R Additional Surplus.....	799,000	912,000
3402.		
3403.		
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	799,000	912,000

SUMMARY OF OPERATIONS

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
1. Premiums and annuity considerations for life and accident and health contracts.....	12,199,852	16,151,239	30,649,879
2. Considerations for supplementary contracts with life contingencies.....			
3. Net investment income.....	135,244	159,179	315,502
4. Amortization of Interest Maintenance Reserve (IMR).....	75	136	275
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....			
6. Commissions and expense allowances on reinsurance ceded.....	273,084	422,722	746,062
7. Reserve adjustments on reinsurance ceded.....			
8. Miscellaneous Income:			
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....			
8.2 Charges and fees for deposit-type contracts.....			
8.3 Aggregate write-ins for miscellaneous income.....	9,676	134,436	150,145
9. Totals (Lines 1 to 8.3).....	12,617,931	16,867,712	31,861,863
10. Death benefits.....	243,085	276,404	432,917
11. Matured endowments (excluding guaranteed annual pure endowments).....			
12. Annuity benefits.....			
13. Disability benefits and benefits under accident and health contracts.....	8,377,178	12,026,457	20,266,430
14. Coupons, guaranteed annual pure endowments and similar benefits.....			
15. Surrender benefits and withdrawals for life contracts.....	19,986	6,603	16,458
16. Group conversions.....			
17. Interest and adjustments on contract or deposit-type contract funds.....			
18. Payments on supplementary contracts with life contingencies.....			
19. Increase in aggregate reserves for life and accident and health contracts.....	21,084	66,566	122,897
20. Totals (Lines 10 to 19).....	8,661,333	12,376,030	20,838,702
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	1,879,217	3,075,469	5,360,060
22. Commissions and expense allowances on reinsurance assumed.....			
23. General insurance expenses.....	629,077	898,935	1,698,217
24. Insurance taxes, licenses and fees, excluding federal income taxes.....	339,897	429,348	785,417
25. Increase in loading on deferred and uncollected premiums.....	(6,999)	(1,556)	(32,603)
26. Net transfers to or (from) Separate Accounts net of reinsurance.....			
27. Aggregate write-ins for deductions.....	0	84	86
28. Totals (Lines 20 to 27).....	11,502,525	16,778,310	28,649,879
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....	1,115,406	89,402	3,211,984
30. Dividends to policyholders.....			
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30).....	1,115,406	89,402	3,211,984
32. Federal and foreign income taxes incurred (excluding tax on capital gains).....	542,108	322,763	1,665,884
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32).....	573,298	(233,361)	1,546,100
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$.0 (excluding taxes of \$.0 transferred to the IMR).....		(153)	(152)
35. Net income (Line 33 plus Line 34).....	573,298	(233,514)	1,545,948
CAPITAL AND SURPLUS ACCOUNT			
36. Capital and surplus, December 31, prior year.....	12,751,051	12,166,390	12,166,390
37. Net income (Line 35).....	573,298	(233,514)	1,545,948
38. Change in net unrealized capital gains (losses) less capital gains tax of \$.0.....	1,018	(12,384)	(6,409)
39. Change in net unrealized foreign exchange capital gain (loss).....			
40. Change in net deferred income tax.....	131,000	275,750	532,750
41. Change in nonadmitted assets.....	(141,794)	(359,953)	(635,028)
42. Change in liability for reinsurance in unauthorized companies.....			
43. Change in reserve on account of change in valuation basis, (increase) or decrease.....			
44. Change in asset valuation reserve.....	5,638	(1,975)	(2,840)
45. Change in treasury stock.....			
46. Surplus (contributed to) withdrawn from Separate Accounts during period.....			
47. Other changes in surplus in Separate Accounts Statement.....			
48. Change in surplus notes.....			
49. Cumulative effect of changes in accounting principles.....			
50. Capital changes:			
50.1 Paid in.....			
50.2 Transferred from surplus (Stock Dividend).....			
50.3 Transferred to surplus.....			
51. Surplus adjustment:			
51.1 Paid in.....			(1,000,000)
51.2 Transferred to capital (Stock Dividend).....			
51.3 Transferred from capital.....			
51.4 Change in surplus as a result of reinsurance.....	(8,225)	(10,880)	(21,760)
52. Dividends to stockholders.....			
53. Aggregate write-ins for gains and losses in surplus.....	(113,000)	95,000	172,000
54. Net change in capital and surplus (Lines 37 through 53).....	447,935	(247,956)	584,661
55. Capital and surplus as of statement date (Lines 36 + 54).....	13,198,986	11,918,434	12,751,051
DETAILS OF WRITE-INS			
08.301. Interest on Agent Balances.....	1,294	2,874	6,620
08.302. Miscellaneous Income.....	8,382	117,293	119,200
08.303. Other Income - Express Script Rebate.....		14,269	24,325
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	9,676	134,436	150,145
2701. Penalties.....		84	84
2702. Other Expenses.....			2
2703.			
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above).....	0	84	86
5301. SSAP10-R Additional Surplus.....	(113,000)	95,000	172,000
5302.			
5303.			
5398. Summary of remaining write-ins for Line 53 from overflow page.....	0	0	0
5399. Totals (Lines 5301 thru 5303 plus 5398) (Line 53 above).....	(113,000)	95,000	172,000

CASH FLOW

	1	2	3
	Current Year	Prior Year	Prior Year Ended
	to Date	To Date	December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	12,117,732	16,030,317	30,584,658
2. Net investment income.....	129,409	109,274	267,453
3. Miscellaneous income.....	274,535	546,278	874,447
4. Total (Lines 1 through 3).....	12,521,676	16,685,869	31,726,558
5. Benefit and loss related payments.....	8,676,475	12,379,125	22,278,035
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	2,761,995	4,401,203	7,940,631
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	559,779	110,000	1,390,000
10. Total (Lines 5 through 9).....	11,998,249	16,890,328	31,608,666
11. Net cash from operations (Line 4 minus Line 10).....	523,427	(204,459)	117,892
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	225,964	1,218,640	2,241,830
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	225,964	1,218,640	2,241,830
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....		2,995,950	2,995,950
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	2,995,950	2,995,950
14. Net increase (decrease) in contract loans and premium notes.....	696	316	1,451
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	225,268	(1,777,626)	(755,571)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			(1,000,000)
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	19,016	(241,263)	(14,185)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	19,016	(241,263)	(1,014,185)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	767,711	(2,223,348)	(1,651,864)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	5,667,757	7,319,621	7,319,621
19.2 End of period (Line 18 plus Line 19.1).....	6,435,468	5,096,273	5,667,757

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001			
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EXHIBIT 1

DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Industrial life.....			
2. Ordinary life insurance.....	592,087	666,529	1,221,930
3. Ordinary individual annuities.....			
4. Credit life (group and individual).....			
5. Group life insurance.....	38,032	40,197	78,509
6. Group annuities.....			
7. A&H - group.....		5,998	
8. A&H - credit (group and individual).....			
9. A&H - other.....	12,874,243	17,316,862	32,787,628
10. Aggregate of all other lines of business.....	0	0	0
11. Subtotal.....	13,504,362	18,029,586	34,088,067
12. Deposit-type contracts.....			
13. Total.....	13,504,362	18,029,586	34,088,067

DETAILS OF WRITE-INS

1001.			
1002.			
1003.			
1098. Summary of remaining write-ins for Line 10 from overflow page.....	0	0	0
1099. Total (Lines 1001 thru 1003 plus 1098) (Line 10 above).....	0	0	0

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

A. Accounting Practices and Procedures

The financial statements of Provident American Life and Health Insurance Company ("PALHIC" or "the Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only Statutory Accounting Principles prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners ("NAIC") *Accounting Practices and Procedures Manual* ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the State of Ohio. The State has not adopted prescribed practices that differ from those found in the NAIC SAP.

Note 2 - Accounting Changes and Corrections of Errors

No significant change.

Note 3 - Business Combinations and Goodwill

Not applicable.

Note 4 - Discontinued Operations

Not applicable.

Note 5 - Investments

D.

- (1) The Company uses dealer-modeled prepayment assumptions for mortgage-backed and asset-backed securities at the date of purchase to determine effective yields; significant changes in estimated cash flows from the original purchase assumptions are accounted for on a prospective basis. The fair value of investments is determined by management using data from pricing sources, non-binding broker quotes and internal analysis.
- (2) There were no securities within the scope of this statement with a recognized other-than-temporary impairment.
- (3) There were no securities with a credit-related OTTI charge recognized during the period.
- (4) There were no loan-backed securities with an unrealized loss.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

Note 7 - Investment Income

No significant change.

Note 8 - Derivative Instruments

Not applicable.

Note 9 - Income Taxes

No significant change.

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant change.

Note 11 - Debt

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

No significant change.

Note 13 - Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations

No significant change.

Note 14 - Contingencies

No significant change.

Note 15 - Leases

Not applicable.

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

Not applicable.

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

C. The company was not involved in any wash sale transactions in 2011.

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not applicable.

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant change.

Note 20 – Fair Value Measurement

The Company does not have any assets or liabilities carried at fair value.

Note 21 - Other Items

No significant change.

Note 22 - Events Subsequent

Management has evaluated the financial statements for subsequent events through August 12, 2011, the date financial statements were available to be issued.

Note 23 - Reinsurance

No significant change.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not applicable.

NOTES TO FINANCIAL STATEMENTS

Note 25 - Change in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2010 were \$1,797,011. As of June 30, 2011, \$1,577,418 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$70,813 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Medicare Supplement insurance. Therefore, there has been a \$148,780 favorable prior year development since December 31, 2010 to June 30, 2011. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

Note 26 - Intercompany Pooling Arrangement

Not applicable.

Note 27 - Structured Settlements

Not applicable.

Note 28 - Health Care Receivables

Not applicable.

Note 29 - Participating Policies

Not applicable.

Note 30 - Premium Deficiency Reserves

Not applicable.

Note 31 - Reserves for Life Contracts and Annuity Contracts

Not applicable.

Note 32 - Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics

Not applicable.

Note 33 - Premiums and Annuity Considerations Deferred and Uncollected

No significant change.

Note 34 - Separate Accounts

Not applicable.

Note 35 - Loss/Claim Adjustment Expenses

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [☐]

No [☒ X]

1.2

If yes, has the report been filed with the domiciliary state?

Yes [☐]

No [☐]

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [☐]

No [☒ X]

2.2

If yes, date of change:

.....

3.

Have there been any substantial changes in the organizational chart since the prior quarter end?
If yes, complete the Schedule Y-Part 1 - Organizational chart.

Yes [☐]

No [☒ X]

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [☐]

No [☒ X]

4.2

If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes [☐]

No [☒ X]

N/A [☐]

6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2006.....

6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2006.....

6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

1/25/2008.....

6.4

By what department or departments?
Ohio Department of Insurance

6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [☐]

No [☐]

N/A [☒ X]

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [☐]

No [☐]

N/A [☒ X]

7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [☐]

No [☒ X]

7.2

If yes, give full information:

8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [☐]

No [☒ X]

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [☒ X]

No [☐]

8.4

If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator].

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC
Great American Advisors	Cincinnati, OH	NO	NO	NO	NO	YES

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [☒ X]

No [☐]

9.11

If the response to 9.1 is No, please explain:

9.2

Has the code of ethics for senior managers been amended?

Yes [☐]

No [☒ X]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).

9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [☐]

No [☒ X]

Q08

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$.....0

13. Amount of real estate and mortgages held in short-term investments: \$.....0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [X] No []

14.2 If yes, please complete the following:

	1	2
	Prior Year-End	Current Quarter
	Book/Adjusted Carrying Value	Book/Adjusted Carrying Value
14.21 Bonds.....	\$0	\$0
14.22 Preferred Stock.....	\$0	\$0
14.23 Common Stock.....	\$3,125,372	\$3,126,390
14.24 Short-Term Investments.....	\$0	\$0
14.25 Mortgage Loans on Real Estate.....	\$0	\$0
14.26 All Other.....	\$0	\$0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$3,125,372	\$3,126,390
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above.....	\$0	\$0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []
If no, attach a description with this statement.

16. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III. Conducting Examinations, F-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian Address
The Bank of New York Mellon	One Wall Street, New York, NY 10286

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation.

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes [] No [X]

16.4 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

16.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository	Name(s)	Address
	American Money Management	One East Fourth Street, Cincinnati, OH 45202

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []

17.2 If no, list exceptions:

Provident American Life and Health Insurance Company
GENERAL INTERROGATORIES (continued)
PART 2 - LIFE & HEALTH

1.	Report the statement value of mortgage loans at the end of this reporting period for the following categories:	1
1.1	Long-term mortgages in good standing	Amount
1.11	Farm mortgages.....	\$.....
1.12	Residential mortgages.....	\$.....
1.13	Commercial mortgages.....	\$.....
1.14	Total mortgages in good standing.....	\$.....0
1.2	Long-term mortgages in good standing with restructured terms	
1.21	Total mortgages in good standing with restructured terms.....	\$.....
1.3	Long-term mortgage loans upon which interest is overdue more than three months	
1.31	Farm mortgages.....	\$.....
1.32	Residential mortgages.....	\$.....
1.33	Commercial mortgages.....	\$.....
1.34	Total mortgages with interest overdue more than three months.....	\$.....0
1.4	Long-term mortgage loans in process of foreclosure	
1.41	Farm mortgages.....	\$.....
1.42	Residential mortgages.....	\$.....
1.43	Commercial mortgages.....	\$.....
1.44	Total mortgages in process of foreclosure.....	\$.....0
1.5	Total mortgage loans (Lines 1.14 + 1.21 + 1.34 + 1.44) (Page 2, Column 3, Lines 3.1 + 3.2)	\$.....0
1.6	Long-term mortgages foreclosed, properties transferred to real estate in current quarter	
1.61	Farm mortgages.....	\$.....
1.62	Residential mortgages.....	\$.....
1.63	Commercial mortgages.....	\$.....
1.64	Total mortgages foreclosed and transferred to real estate.....	\$.....0
2.	Operating Percentages:	
2.1	A&H loss percent.....	71.4
2.2	A&H cost containment percent.....	.....
2.3	A&H expense percent excluding cost containment expenses.....	20.5
3.1	Do you act as a custodian for health savings accounts?.....	Yes [] No [X]
3.2	If yes, please provide the amount of custodial funds held as of the reporting date.....	\$.....
3.3	Do you act as an administrator for health savings accounts?.....	Yes [] No [X]
3.4	If yes, please provide the balance of the funds administered as of the reporting date.....	\$.....

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (YES or NO)
------------------------------	------------------------------	------------------------	------------------------	-------------------------------	--------------------------------------	---

NONE

Provident American Life and Health Insurance Company

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, Etc.		1	Direct Business Only					
			Life Contracts		4	5	6	7
			2	3				
		Active Status	Life Insurance Premiums	Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5	Deposit-Type Contracts
1.	Alabama.....	AL.....N.....	5,091	.....	.....3,397	.....	.....8,488	.....
2.	Alaska.....	AK.....L.....	.....	.....	.....4,040	.....	.....4,040	.....
3.	Arizona.....	AZ.....L.....	727	.....	.....15,184	.....	.....15,911	.....
4.	Arkansas.....	AR.....L.....	.....	.....	.....3,339	.....	.....3,339	.....
5.	California.....	CA.....L.....	238	.....	.....10,396	.....	.....10,634	.....
6.	Colorado.....	CO.....L.....	359	.....	.....70,268	.....	.....70,627	.....
7.	Connecticut.....	CT.....N.....	.....	.....	.....4,081	.....	.....4,081	.....
8.	Delaware.....	DE.....L.....	662	.....	.....	.....	.....662	.....
9.	District of Columbia.....	DC.....L.....	.....	.....	.....	.....	.....0	.....
10.	Florida.....	FL.....L.....	1,263	.....	.....30,295	.....	.....31,558	.....
11.	Georgia.....	GA.....L.....	2,275	.....	.....52,088	.....	.....54,363	.....
12.	Hawaii.....	HI.....L.....	.....	.....	.....	.....	.....0	.....
13.	Idaho.....	ID.....L.....	398	.....	.....17,802	.....	.....18,200	.....
14.	Illinois.....	IL.....L.....	15,823	.....	.....280,769	.....	.....296,592	.....
15.	Indiana.....	IN.....L.....	1,473	.....	.....190,886	.....	.....192,359	.....
16.	Iowa.....	IA.....L.....	8,813	.....	.....475,965	.....	.....484,778	.....
17.	Kansas.....	KS.....L.....	.....	.....	.....9,439	.....	.....9,439	.....
18.	Kentucky.....	KY.....L.....	11,066	.....	.....123,414	.....	.....134,480	.....
19.	Louisiana.....	LA.....L.....	3,831	.....	.....142,629	.....	.....146,460	.....
20.	Maine.....	ME.....N.....	.....	.....	.....	.....	.....0	.....
21.	Maryland.....	MD.....L.....	1,043	.....	.....2,089	.....	.....3,132	.....
22.	Massachusetts.....	MA.....L.....	.....	.....	.....3,385	.....	.....3,385	.....
23.	Michigan.....	MI.....N.....	.....	.....	.....5,596	.....	.....5,596	.....
24.	Minnesota.....	MN.....N.....	.....	.....	.....3,854	.....	.....3,854	.....
25.	Mississippi.....	MS.....L.....	10,105	.....	.....302,066	.....	.....312,171	.....
26.	Missouri.....	MO.....L.....	7,304	.....	.....74,570	.....	.....81,874	.....
27.	Montana.....	MT.....L.....	1,198	.....	.....203,964	.....	.....205,162	.....
28.	Nebraska.....	NE.....L.....	3,679	.....	.....202,892	.....	.....206,571	.....
29.	Nevada.....	NV.....L.....	306	.....	.....35,415	.....	.....35,721	.....
30.	New Hampshire.....	NH.....N.....	.....	.....	.....1,108	.....	.....1,108	.....
31.	New Jersey.....	NJ.....N.....	.....	.....	.....	.....	.....0	.....
32.	New Mexico.....	NM.....N.....	223	.....	.....11,745	.....	.....11,968	.....
33.	New York.....	NY.....N.....	.....	.....	.....1,831	.....	.....1,831	.....
34.	North Carolina.....	NC.....L.....	795	.....	.....11,036	.....	.....11,831	.....
35.	North Dakota.....	ND.....L.....	375	.....	.....6,494	.....	.....6,869	.....
36.	Ohio.....	OH.....L.....	13,131	.....	.....272,382	.....	.....285,513	.....
37.	Oklahoma.....	OK.....L.....	33,529	.....	.....494,575	.....	.....528,104	.....
38.	Oregon.....	OR.....L.....	19,672	.....	.....883,212	.....	.....902,884	.....
39.	Pennsylvania.....	PA.....L.....	31,547	.....	.....32,805	.....	.....64,352	.....
40.	Rhode Island.....	RI.....N.....	.....	.....	.....	.....	.....0	.....
41.	South Carolina.....	SC.....L.....	67,011	.....	.....993,247	.....	.....1,060,258	.....
42.	South Dakota.....	SD.....L.....	211	.....	.....7,858	.....	.....8,069	.....
43.	Tennessee.....	TN.....N.....	730	.....	.....9,067	.....	.....9,797	.....
44.	Texas.....	TX.....L.....	360,660	.....	.....7,685,658	.....	.....8,046,318	.....
45.	Utah.....	UT.....L.....	14,164	.....	.....70,018	.....	.....84,182	.....
46.	Vermont.....	VT.....L.....	.....	.....	.....	.....	.....0	.....
47.	Virginia.....	VA.....N.....	2,005	.....	.....9,703	.....	.....11,708	.....
48.	Washington.....	WA.....N.....	272	.....	.....28,914	.....	.....29,186	.....
49.	West Virginia.....	WV.....L.....	7,851	.....	.....107,009	.....	.....114,860	.....
50.	Wisconsin.....	WI.....L.....	2,804	.....	.....4,985	.....	.....7,789	.....
51.	Wyoming.....	WY.....L.....	.....	.....	.....11,443	.....	.....11,443	.....
52.	American Samoa.....	AS.....N.....	.....	.....	.....	.....	.....0	.....
53.	Guam.....	GU.....N.....	.....	.....	.....	.....	.....0	.....
54.	Puerto Rico.....	PR.....N.....	.....	.....	.....	.....	.....0	.....
55.	US Virgin Islands.....	VI.....N.....	.....	.....	.....	.....	.....0	.....
56.	Northern Mariana Islands.....	MP.....N.....	.....	.....	.....	.....	.....0	.....
57.	Canada.....	CN.....N.....	.....	.....	.....	.....	.....0	.....
58.	Aggregate Other Alien.....	OT.....XXX.....	0	0	0	0	0	0
59.	Subtotal.....	(a).....38.....	630,634	0	12,910,913	0	13,541,547	0
90.	Reporting entity contributions for employee benefit plans.....	XXX.....	.....	.....	.....	.....	.....0	.....
91.	Dividends or refunds applied to purchase paid-up additions and annuities.....	XXX.....	.....	.....	.....	.....	.....0	.....
92.	Dividends or refunds applied to shorten endowment or premium paying period.....	XXX.....	.....	.....	.....	.....	.....0	.....
93.	Premium or annuity considerations waived under disability or other contract provisions.....	XXX.....	.....	.....	.....	.....	.....0	.....
94.	Aggregate other amounts not allocable by State.....	XXX.....	0	0	0	0	0	0
95.	Totals (Direct Business).....	XXX.....	630,634	0	12,910,913	0	13,541,547	0
96.	Plus Reinsurance Assumed.....	XXX.....	.....	.....	.....	.....	.....0	.....
97.	Totals (All Business).....	XXX.....	630,634	0	12,910,913	0	13,541,547	0
98.	Less Reinsurance Ceded.....	XXX.....	6,330	.....	.....1,417,484	.....	.....1,423,814	.....
99.	Totals (All Business) less Reinsurance Ceded.....	XXX.....	624,304	0	11,493,429	0	12,117,733	0
DETAILS OF WRITE-INS								
5801.	.....	.....XXX.....	.....	.....	.....	.....	.....0	.....
5802.	.....	.....XXX.....	.....	.....	.....	.....	.....0	.....
5803.	.....	.....XXX.....	.....	.....	.....	.....	.....0	.....
5898.	Summary of remaining write-ins for line 58 from overflow page.....	XXX.....	0	0	0	0	0	0
5899.	Total (Lines 5801 thru 5803 plus 5898) (Line 58 above).....	XXX.....	0	0	0	0	0	0
9401.	.....	.....XXX.....	.....	.....	.....	.....	.....0	.....
9402.	.....	.....XXX.....	.....	.....	.....	.....	.....0	.....
9403.	.....	.....XXX.....	.....	.....	.....	.....	.....0	.....
9498.	Summary of remaining write-ins for line 94 from overflow page.....	XXX.....	0	0	0	0	0	0
9499.	Total (Lines 9401 thru 9403 plus 9498) (Line 94 above).....	XXX.....	0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.
(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

NONE

Provident American Life and Health Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
3. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	NO
4. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	NO
5. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC?	NO
6. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC?	NO
7. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC?	NO

Explanations:

1.
2.
3.
4.
5.
6.
7.

Bar Code:



Provident American Life and Health Insurance Company
Overflow Page for Write-Ins

NONE

Provident American Life and Health Insurance Company
SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Current year change in encumbrances.....		
4. Total gain (loss) on disposals.....		
5. Deduct amounts received on disposals.....		
6. Total foreign exchange change in book/adjusted carrying value.....		
7. Deduct current year's other than temporary impairment recognized.....		
8. Deduct current year's depreciation.....		
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....		
10. Deduct current year's other than temporary impairment recognized.....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value.....		
10. Deduct current year's other than temporary impairment recognized.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	0	0

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	10,577,551	9,818,767
2. Cost of bonds and stocks acquired.....		2,995,950
3. Accrual of discount.....	10,381	22,065
4. Unrealized valuation increase (decrease).....	1,018	(6,409)
5. Total gain (loss) on disposals.....		
6. Deduct consideration for bonds and stocks disposed of.....	225,964	2,241,830
7. Deduct amortization of premium.....	3,503	10,992
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	10,359,482	10,577,551
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	10,359,482	10,577,551

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a).....	13,543,120	3,093,580	2,611,106	3,177	13,543,120	14,028,771		13,757,922
2. Class 2 (a).....								
3. Class 3 (a).....								
4. Class 4 (a).....								
5. Class 5 (a).....								
6. Class 6 (a).....								
7. Total Bonds.....	13,543,120	3,093,580	2,611,106	3,177	13,543,120	14,028,771	0	13,757,922
PREFERRED STOCK								
8. Class 1.....								
9. Class 2.....								
10. Class 3.....								
11. Class 4.....								
12. Class 5.....								
13. Class 6.....								
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	13,543,120	3,093,580	2,611,106	3,177	13,543,120	14,028,771	0	13,757,922

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$.....6,795,680; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals.....	6,795,680	XXX.....	6,795,680	729	.....

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	6,305,745	8,143,705
2. Cost of short-term investments acquired.....	7,858,596	45,782,054
3. Accrual of discount.....	.....	.....
4. Unrealized valuation increase (decrease).....	.....	.....
5. Total gain (loss) on disposals.....	.....	.....
6. Deduct consideration received on disposals.....	7,368,661	47,620,014
7. Deduct amortization of premium.....	.....	.....
8. Total foreign exchange change in book/adjusted carrying value.....	.....	.....
9. Deduct current year's other than temporary impairment recognized.....	.....	.....
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	6,795,680	6,305,745
11. Deduct total nonadmitted amounts.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11).....	6,795,680	6,305,745

Sch. DB-Pt A-Verification
NONE

Sch. DB-Pt B-Verification
NONE

Sch. DB-Pt C-Sn 1
NONE

Sch. DB-Pt C-Sn 2
NONE

Sch. DB-Verification
NONE

Sch. E-Verification
NONE

Sch. A-Pt 2
NONE

Sch. A-Pt 3
NONE

Sch. B-Pt 2
NONE

Sch. B-Pt 3
NONE

Sch. BA-Pt 2
NONE

Sch. BA-Pt 3
NONE

Sch. D-Pt 3
NONE

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value At Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	NAIC Desig- nation or Market Indicator (a)

Bonds - U.S. Special Revenue and Special Assessment

31393Q	VZ	2	FHR 2618 PT PAC 4.50 10-15-31.....	.....	06/15/2011	PAYDOWNS.....	.....	.....69,371	69,371	68,628	68,887	.....	.....484	.....	.....484	.....	.....69,371	.....	.....	.....0	1,259	10/15/2031	1.....
3199999.			Total - Bonds - U.S. Special Revenue & Assessment.....					69,371	69,371	68,628	68,887	0	484	0	484	0	69,371	0	0	0	1,259	XXX...	..XXX...
8399997.			Total - Bonds - Part 4.....					69,371	69,371	68,628	68,887	0	484	0	484	0	69,371	0	0	0	1,259	XXX...	..XXX...
8399999.			Total - Bonds.....					69,371	69,371	68,628	68,887	0	484	0	484	0	69,371	0	0	0	1,259	XXX...	..XXX...
9999999.			Total - Bonds, Preferred and Common Stocks.....					69,371	XXX.....	68,628	68,887	0	484	0	484	0	69,371	0	0	0	1,259	XXX...	..XXX...

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:.....0.

Sch. DB-Pt A-Sn 1

NONE

Sch. DB-Pt A-Sn 1-Footernote

NONE

Sch. DB-Pt B-Sn 1

NONE

Sch. DB-Pt B-Sn 1-Footernote

NONE

Sch. DB-Pt B-Sn 1B-Broker List

NONE

Sch. DB-Pt D

NONE

Sch. DL-Pt. 1

NONE

Sch. DL-Pt. 2

NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
JP Morgan Chase..... Austin TX.....					(724,893)	(789,743)	(614,195)	XXX..
Wachovia Bank..... Winston Salem, NC.....					147,403	150,807	153,625	XXX..
Bank of New York..... New York, NY.....					503	503	501	XXX..
Wachovia Bank..... Columbia, SC.....					99,858	99,858	99,857	XXX..
0199999. Total Open Depositories.....	...XXX.....	...XXX.....	0	0	(477,129)	(538,575)	(360,212)	XXX..
0399999. Total Cash on Deposit.....	...XXX.....	...XXX.....	0	0	(477,129)	(538,575)	(360,212)	XXX..
0599999. Total Cash.....	...XXX.....	...XXX.....	0	0	(477,129)	(538,575)	(360,212)	XXX..

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year

NONE